ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Jan. 14, 2022 Case Number: 22-81

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Melinda Striyle

Premise Name: 43rd Avenue Animal Hospital

Premise Address: 4426 W. Cactus Road

City: Glendale State: AZ Zip Code: 85304

Telephone: (602) 843-5452

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Timothy R. Wright, M.D., FACEP

Addre[redacted]

C[redacted] State[redacted] Zip Code:[redacted]

Home Telepho[redacted] Cell Telephone[redacted]

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

C. PATIENT INFORMATION (1):

Name: Maggie

Breed/Species: Airedale / dog

Age: 13 Sex: Female Color: Black/brown

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Melinda Striyle, 4426 W. Cactus Road, Glendale AZ 85308, 602-843-5452
Dr. Jess Darmofal, 4426 W. Cactus Road, Glendale AZ 85308, 602-843-5452
Dr. Timothy Menghini 20612 N. Cave Creek Rd, Phoenix, AZ 85024 602-697-4694

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

NA

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: _____

Date: 1/12/2022

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Please see attached complaint and documentation.

I am requesting a formal investigation into what I believe was medical malpractice due to failure to diagnose, and conspiracy to conceal malpractice in the care of my dog, Maggie by Dr. Melinda Striyle and Dr. Jess Darmofal both of 43rd Avenue Animal Hospital. Please note that, per your protocol, a separate complaint is being filed on each of these doctors since both were involved in the chain of events leading to my complaints.

Maggie was a 13 year old Airedale and her care was provided by Drs. Striyle and Darmofal since I adopted her in March, 2010. Maggie had severe arthritis in her back legs and was receiving Adequan injections and laser therapy at their office monthly for several years. In December 2020 Maggie began experiencing intermittent but severe pain that seemed to me to arise in her neck or shoulders. It responded well to Deramaxx which she had used previously for her leg pain but had no longer needed since starting the Adequan.

Maggie was seen by Dr. Striyle for this pain on January 5, 2021. The Deramaxx was continued and X-rays were to be done on January 15, 2021 since Maggie was already scheduled for a follow-up echocardiogram on that day for a history of asymptomatic elevation of her BNP and would be easier to X-ray due to sedation for the echocardiogram.

I dropped her off on the morning of January 15th and picked her up in the afternoon. When I picked her up Maggie had difficulty walking with her back legs, which I thought was due to the anesthesia. On Monday, January 18th, Dr. Striyle called and stated that the echocardiogram did not show any significant new findings, and that she was X-rayed "from stem to stern" and other than osteoarthritis, and degenerative change, there were no significant findings on the X-rays. Her official report is attached and states specifically, "lumbar spondylosis, LS spondylosis, mild to moderate dysplastic changes to left hip, stifle arthritis – significant, both elbows-significant arthritis -left>right, arthritis in both carpi, shoulders nsf"

I informed her that Maggie was having difficulty bearing weight on her back legs and Dr. Striyle suggested it was due to the anesthesia and to call if it did not improve. By Wednesday, January 20, 2021 Maggie was walking almost normally, and would lose her back legs only if she turned quickly.

Dr. Darmofal called and changed Maggie from Deramaxx to Galliprant stating it was a safer medication. This was started on January 22, 2021.

Saturday night, January 23, 2021, Maggie was exhibiting signs of pain; whining, panting, ears back, lying very still. I gave her some Tramadol that was left over from a prior prescription. By Sunday morning, January 24, 2021 she was in extreme pain. I decided to try the Deramaxx that had worked for her previously and in 2 to 3 hours she was pain free. While working in my office she ambulated past the door without distress to lie in the hallway outside as was her habit.

However, after that she never was never able to support herself with her back legs again, though she did appear to try to move them.

I thought it was the bout of increased pain and ineffectiveness of the Galliprant that resulted in a relapse of her inability to walk, and that once she had more Deramaxx she would again improve as she had before.

Sara Stark; AZ Bar No. 035135
CHELLE LAW, PLC
5425 E Bell Rd, Ste107
Scottsdale, AZ 85254
Tel & Fax: (602) 344-9865

Attorneys for Melinda Striyle

BEFORE THE ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

In the Matter of Veterinarian License No. AZ 3359 issued to: **Melinda Striyle,** Respondent.	**NARRATIVE RESPONSE** (Tracy A. Riendeau, CVT, Senior Medical Investigator)

Respondent, Melinda Striyle (**"Respondent"**), by and through undersigned counsel, submits this Narrative Response submitted to the Arizona State Veterinary Medical Examining Board (**"Board"**) alleging "medical malpractice for failure to diagnose," and "conspiracy to conceal medical malpractice" in connection with Complainant's dog, Maggie Wright (**"Patient"** or **"Maggie"**).

Respondent had been Maggie's provider for many years, and Respondent and Complainant maintained a good and trusting relationship throughout the course of Respondent's treatment of Maggie. On or about January 4, 2021, Maggie presented with the complaint of forelimb or neck pain. Respondent had been previously treating Maggie for underlying heart issues, and she was due for a recheck of her heart. After counseling

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Complainant on the need for radiographs, Respondent ordered labs and scheduled a follow-up appointment for sedation to obtain X-rays of Maggie's forelimbs and neck.

Respondent also planned to follow-up on the treatment of Maggie's heart disease with an echocardiogram and chest X-rays. Maggie's bloodwork subsequently returned results showing elevated liver enzymes, and Respondent added an abdominal ultrasound to the scheduled testing.

On or about January 15, 2021, Complainant and Maggie returned to the office for the procedures. On that day, Complainant indicated that he also had concerns for Maggie's hips, and Respondent added a hip X-ray to the list of procedures. Maggie was then sedated with intravenous torbugesic, and Respondent's technical team obtained X-rays of Patient's chest, forelimbs, neck, and hips. Respondent performed the echocardiogram. Dr. Darmofal performed the abdominal ultrasound and obtained fine needle aspirates of Maggie's liver.

Maggie's recovery from the sedation was unremarkable, except she was slower to return to walking normally than in previous sedation experiences, which could have been explained by her age. Respondent was also concerned that it could indicate a developing liver issue based on the patient's lab results. Maggie's echocardiogram and chest X-rays were submitted to an IDEXX cardiologist for review. Dr. Darmofal also submitted Maggie's ultrasound study to an IDEXX cardiologist, and fine needles aspirate samples were submitted to IDEXX labs. Respondent reviewed Maggie's neck, forelimb, and hip radiographs, which is documented in the Patient's charts.

Respondent did not see anything that would have explained the clinical signs of forelimb lameness or Complainant's concerns of rear leg weakness which he raised on the

day of the procedure. Respondent reported her findings to Complainant a few days after the procedure. Complainant indicated that Maggie's mobility was not fully back to normal, but that he believed she was improving. Respondent advised Complainant to return for a follow-up examination if her mobility did not return to normal.

Respondent did not personally have any further communication with Complainant after that phone call, but it is Respondent's understanding from review of the records that Maggie's mobility returned to normal. On or about February 1, 2021, however, Complainant and Maggie returned to the hospital and saw Dr. Darmofal after Maggie suddenly lost function in her rear legs.

At that time, Dr. Darmofal recommended that Maggie see a specialist for further examination as their examinations and imaging did not provide an explanation for the sudden lack of mobility. Dr. Darmofal informed Respondent that Complainant had declined the specialist referral. As is indicated in the records, Maggie returned to Respondent's hospital on or about May 28, 2021 for a broken humerus. She was examined and diagnosed by Dr. Darmofal.

Respondent understands the difficulty of losing a beloved pet and is truly sorry for Complainant's loss. It is Respondent's belief that she did everything she could for Maggie, and that she never deviated from the standard of care in her treatment or diagnosis, which is substantiated by Patient's records. Respondent vehemently denies any allegations of a conspiracy or attempt to conceal medical malpractice. Respondent maintains that she acted professionally and competently in her care and treatment of Maggie and respectfully requests that this complaint be dismissed.

SUBMITTED: February 7, 2022

CHELLE LAW, PLC

/s/ Sara Stark
5425 E Bell Rd., Ste 107
Scottsdale, AZ 85254
Attorneys for Respondent
Melinda Striyle

CHELLE LAW, PLC

MS 004

Douglas A. Ducey
- Governor -

Victoria Whitmore
- Executive Director -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Steven Dow, DVM
Gregg Maura
Justin McCormick, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Elizabeth Campbell, Assistant Attorney General

RE: Case: 22-82
Complainant(s): Timothy R. Wright, MD, FACEP
Respondent(s): Melinda Striyle, DVM (License: 3359)

SUMMARY:
Complaint Received at Board Office: 1/14/22
Committee Discussion: 4/5/22
Board IIR: 5/18/22

APPLICABLE STATUTES AND RULES:
Laws as Amended August 2018 (Lime Green); Rules as Revised September 2013 (Yellow)

On January 15, 2021, "Maggie," a 13-year-old female Airedale was presented to Dr. Striyle for diagnostics. The dog had a history of heart disease and was also having mobility issues. Blood work revealed elevated liver enzymes, therefore an abdominal ultrasound with liver aspirates was recommended to be performed that day along with the echocardiogram and full body radiographs, since the dog would already be sedated.

The dog's heart issues were stable and there were no radiographic findings to explain the dog's lameness or rear end weakness.

On February 1, 2021, the dog was presented to Dr. Darmofal due to decline in mobility. Complainant suspected it was related to the January 15th visit. Dr. Darmofal was concerned for a neurologic pathology; a neurology consult was discussed with Complainant and Complainant elected to provide palliative care at that time.

On May 28, 2021, the dog was presented to Dr. Darmofal with an acute onset of left forelimb lameness. Radiographs revealed a fracture to the proximal humerus; due to the dog's mobility issues, humane euthanasia was suggested. Complainant elected to seek a

second opinion with a specialist. Later that day, the dog was presented to VETMED and the fracture was confirmed. The dog's leg was splinted and Complainant was instructed to return at a later date for surgical consultation.

On June 2, 2021, the dog was presented to Dr. Menghini for a surgical consultation. After diagnostics, Dr. Menghini suspected the fracture was pathologic. Due to the likelihood of multiple neoplastic processes and the dog being paraplegic, humane euthanasia was recommended.

Complainant took the dog home and made arrangements for an in-home euthanasia.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Timothy R. Wright, MD*
- Respondent(s) narrative/medical record: *Melinda Striyle, DVM*
- Consulting Veterinarian(s) narrative/medical records: *Jess Darmofal, DVM; Timothy Menghini, BVM&S*

Complainant was noticed and appeared.
Respondent was noticed and appeared with Counsel Sara Starks.

PROPOSED 'FINDINGS of FACT':

1. On January 5, 2021, the dog was presented to Dr. Striyle for forelimb and neck pain. Dr. Striyle had been previously treating the dog for underlying heart issues and was due for a recheck of her heart. Dr. Striyle recommended performing blood work and scheduling an appointment for sedation to obtain radiographs of the neck and forelimbs. They would also be conducting an echocardiogram and thoracic radiographs at that time as well. Blood result revealed the following abnormalities:

ProBNP-K9	*1797*	*0 – 900*
ALT	*317*	*18 – 121*
AST	*78*	*16 – 55*

2. Based on the dog's blood results showing elevated liver enzymes, Dr. Striyle added abdominal ultrasound and possible fine needle aspirates of the liver.

3. On January 15, 2021, the dog was presented to Dr. Striyle for diagnostics. At drop-off Complainant expressed concern with the dog's hips therefore Dr. Striyle added pelvic radiographs to the list. Upon exam, the dog had a weight = 82.6 pounds, a temperature = 102.9 degrees, a heart rate = 180bpm, and a respiration rate = panting. The was sedated with torbugesic 10mg/mL, 1.1mL IV. Radiographs, echocardiogram, urinalysis, abdominal ultrasound and fine needle aspirates of the liver were performed, which Dr. Darmofal conducted.

4. Dr. Striyle noted the dog was slower to return to walking normally after the sedation that in previous sedated procedures. The echocardiogram and chest radiographs were submitted for cardiologist review; the liver aspirates were submitted to a lab for evaluation; and Dr.

Stryle reviewed the other radiographs taken. She did not see anything that would have explained the clinical signs of forelimb lameness or rear leg weakness. It was noted in the medical records – lumbar spondylosis, LS spondylosis; mild to moderate dysplastic changes to left hip; significant stifle arthritis; significant arthritis to both elbows; arthritis in both carpi; and nothing significant noted in shoulders.

5. The ECG was normal. Nothing concerning was found on thoracic radiographs. There was a nodular thickening of the mitral valve with prolapse noted on the echocardiogram – findings were consistent with degenerative mitral valve disease. The dog was getting the following medications: Vetmedin, adequan injection monthly, deramaxx for pain, glucosamine/chondroitin, and interceptor.

6. Complainant advised Dr. Striyle that the dog was having difficulty bearing weight on her back legs. She suggested it was due to the anesthesia and to call if it did not improve. By January 20, 2021, Complainant stated the dog was almost back to normal and would only lose her footing in the back end if she turned quickly.

7. Dr. Striyle did not have further contact with Complainant after this day. Complainant expressed concerns that Dr. Striyle misdiagnosed the dog by missing a lesion on the dog's spine that lead to a decline in the dog's condition.

8. On January 19, 2021, Dr. Darmofal called Complainant with the results of the abdominal ultrasound and liver cytology. It revealed vacuolar hepatopathy with some inflammatory hepatitis and she recommended a transition away from Deramaxx to Galliprant as a protective measure for the liver. Dr. Darmofal also recommended a course of either azathioprine or cyclosporine for the inflammatory hepatopathy, and SAMe supplementation.

9. Complainant noted that the Galliprant was not effective and switched back to Deramaxx after the dog had extreme pain and mobility issues over the weekend. The dog's condition improved once she was back on Deramaxx however, Complainant reported that the dog was never able to support herself with her back legs again, though she appeared to try to move them.

10. On January 25, 2021, Dr. Darmofal spoke with Complainant about the ineffectiveness of Galliprant and it was agreed that the dog's comfort took priority therefore they would continue with Deramaxx.

11. On February 1, 2021, the dog was presented to Dr. Darmofal due to a decrease in mobility. Complainant reported that the dog was unable to walk after her January 15th visit, but then seemed to improve, and then worsened again. The dog had to be carried into the premises due to her inability to ambulate. Upon exam, the dog had a heart rate = 150bpm and a respiration rate = panting; unable to obtain a temperature. Dr. Darmofal noted the dog had pitting edema of the right pelvic limb similar to previous and was absent of motor

and CP in both pelvic limbs. There was superficial pain response present to lateral toes but absent medial digits which was concerning for spinal cord lesion.

12. Dr. Darmofal discussed neurology consultation and MRI would be the next step. They discussed the level of risk associated with anesthesia; the dog was a high anesthetic risk. According to Complainant, Dr. Darmofal advised that several of the potential causes were not correctable and the ones that were, due to the dog's elevated BNP, she would likely not survive surgery and it would be difficult to find a surgeon to operate on the dog. For Complainant, based on this conversation, the risks outweighed the benefits and chose not to pursue further evaluation. The dog was discharged with gabapentin for pain.

13. Complainant stated in his narrative, that the dog did well with her paralysis in the hind legs. She moved with a sling, or at times under her own power using her front legs to scoot around short distances. The dog remained on Deramaxx and was pain free according to Complainant.

14. On May 28, 2021, the dog was presented to Dr. Darmofal due to acute pain to the left front limb. Complainant reported the dog had been trying to shuffle and stand up – she moved wrong and began shrieking in pain. Dr. Darmofal was unable to obtain the dog's vitals due to her extreme pain. Radiographs were performed under sedation despite the risks – buprenorphine 0.6mg/mL, 0.8mLs IM. Radiographs revealed oblique fracture of proximal humerus on the left limb – it appeared minimally displaced but they were unable to get orthogonal view without heavier sedation.

15. Dr. Darmofal discussed the findings with Complainant and gave the dog a guarded prognosis due to multiple comorbidities and high concern for pathologic fracture. It was not normal for a healthy bone to break in the absence of trauma. Humane euthanasia was recommended due to the concern of a pathologic fracture and the dog's severely limited mobility. Complainant requested a second opinion and was referred to VETMED. Dr. Darmofal advised that a splint was not possible and recommended Complainant take the dog for consultation immediately. The dog was discharged with Tramadol.

16. Dr. Darmofal did not see the dog again after this visit. Complainant believes that she was aware that a pathologic lesion was missed and failed to relay the information to Complainant, or conspired to conceal the error along with Dr. Striyle.

17. Later that day the dog was presented to VETMED for evaluation. Dr. Burns noted hindlimb paresis, sensation appeared normal. The dog was unable to bear weight in the hind limbs, left forelimb was painful, swollen and non-weight bearing. Additional radiographs were performed under sedation and were interpreted by a radiologist. Dr. Burns discussed the findings with Complainant stating there was no pathology noted and the chest looked clear. The dog would need to be evaluated by the orthopedic surgery the following week for possible surgery. A splint was placed on the dog and was discharged with instructions for

strict rest.

18. On June 2, 2021, the dog was presented to Dr. Menghini for evaluation. The dog had to be carried into the premises. Upon exam, the dog had a weight = 30.8kg, a temperature = 102.3 degrees, a pulse rate = 130bpm and a respiration rate = panting. Dr. Menghini noted pitting edema at right tarsus, decreased hip extension, firm boney swelling left medial stifle and a large semi firm circumferential soft tissue mass on the left stifle, and the right stifle was unstable and the left had mild cranial drawer. Dr. Menghini further noted T3 – L3 myelopathy, non-ambulatory paraplegia. Deep pain negative in both pelvic limbs, weak pelvic limb withdrawal reflex bilaterally, will flex hock but not stifle – severe pelvic limb muscle atrophy present. The dog also had a decubital ulcer on the right ischium and urine staining of the perineum.

19. Dr. Menghini was concerned there was more going on than the humeral fracture and recommended further diagnostics prior to taking the dog to surgery. He wanted to figure out what was causing the dog to be non-ambulatory to determine if surgery would be in the dog's best interest. Complainant agreed.

20. Radiographs of the TL spine and left stifle were taken and reviewed by Dr. Crooks, radiologist. His interpretation was:

CONCLUSION:

1. Expansile aggressive primarily osteolytic lesion of the L3 vertebra. Primary differential is neoplasia, possibly primary osseous (plasmacytoma, osteosarcoma, chondrosarcoma, other sarcoma, or other round cell neoplasm) or metastatic bone lesion or may be an intraspinal canal (including extradural, intradural/extramedullary, or intramedullary spinal cord tumors) lesion. Fungal osteomyelitis (such as coccidiomycosis) is also considered. Advanced imaging such as MRI or CT can be considered for further evaluation. Tissue sampling of the lytic bone may also be helpful.

2. The focal lucency with surrounding sclerosis in the L2 spinous process is suspected to also represent lysis, and increases potential suspicion of a plasmacytoma/multiple myeloma or other round cell neoplasm (however this is not definitive, as a benign neoplasm is also possible given the smooth margination and lack of periosteal new bone formation).

3. Large mostly fat opaque mass, which is suspected to be extracapsular to the stifle joint. Primary differential is neoplasia such as lipoma or liposarcoma. The possibility of intra-articular involvement is not excluded, however this is considered less likely. Tissue sampling can be considered for further evaluation.

4. Mild to moderate osteoarthrosis of the left stifle joint, with medial and lateral collateral and chronic desmopathy and/or joint capsular thickening/fibrosis and patella tendinopathy, suspected secondary to ligamentous instability (possibly cranial cruciate ligament rupture). The possibility of effaced intra-articular synovial hypertrophy or/and effusion is considered.

5. Moderate to severe left pelvic limb neurogenic and/or disuse muscular atrophy.

6. Suspected mild to moderate decreased lumbar epaxial muscular mass which may represent a generalized

decrease in body condition (possibly secondary to systemic illness or metabolic derangement) or neurogenic atrophy.

21. After much discussion with colleagues, Dr. Menghini explained that they suspected the fracture to be pathologic, as there appeared to be cortical thinning on the left humeral diaphysis and punctate lucencies throughout the medulla, which were not present at the contralateral limb. If it was pathologic, fracture repair would not be recommended and amputation would not be recommended in a paraplegic dog. There were multiple neoplastic processes likely occurring as well. Surgery was not in the best interest of the dog.

22. Dr. Menghini discussed the findings with Complainant and given the quality of life considerations, he discussed humane euthanasia. He felt the dog had an incurable disease and it was not in the dog's best interest to treat the fracture. The dog was hospitalized overnight and Complainant was to return the following day to review the radiographs with Dr. Menghini.

23. According to Complainant, he wanted Dr. Menghini to repair the fracture and he declined to do so. Dr. Menghini offered to perform the recommended euthanasia and Complainant declined as he did not feel it was necessary. Complainant stated that Dr. Menghini would not release the dog to him unless firm arrangements were made to euthanize the dog upon taking her home.

24. The following day, Complainant returned to pick up the dog. Dr. Menghini reviewed the radiographs with Complainant. Complainant showed confirmation of the in-home euthanasia appointment. The dog was brought out to Complainant; he was shocked at her condition – despite IV fluids the dog was dehydrated and her nose was dry and flakey. It took over 24 hours and fluids for the dog to pass urine. Complainant expressed concern that Dr. Menghini coerced him into euthanizing the dog before he felt it was necessary.

25. Dr. Menghini commented that the dog was well cared for at the premises. The dog was on IV fluids and had passed urine several times in her kennel. The dog had been sedated with acepromazine and fentanyl up until a few hours before Complainant picked up the dog, which may explain Complainant's perceived weakness of the dog.

26. Dr. Menghini did not feel he coerced the Complainant; he felt the pet owner did not want to hear the medical information he was being provided.

COMMITTEE DISCUSSION:

The Committee discussed that Respondent took radiographs after Complainant expressed concerns with the dog's neck and front legs. Pelvic radiographs were also taken. Respondent read the radiographs and did not see any pathology – she did not feel the need to send them to a radiologist.

The quality of the radiographs was improved when taken by Dr. Menghini as their equipment was superior; additionally, time had passed since Respondent had taken them.

Respondent did not take views of the lumbar spine as there was no indication to take radiographs of that area.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division